

<b>Reporting to:</b>	<b>Trust Board, Thursday 31<sup>st</sup> March 2016</b>
<b>Title</b>	Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services – Developing our Service Continuity Plan
<b>Sponsoring Director</b>	Debbie Kadum, Chief Operating Officer
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<b>Previously considered by</b>	Executive Committee
<b>Executive Summary</b>	<p>The medium and long term vision for the health service within the county is being developed through the NHS Future Fit programme. This programme envisages a new model of sustainable safe care including a network of urgent care centres.</p> <p>This paper follows on from the paper previously considered by the Trust Board (3<sup>rd</sup> December 2015) highlighting the risks and challenges that are being faced in relation to maintaining a safe, effective and dignified urgent and emergency care service on both PRH and RSH sites. The paper provides a summary of the work which has been undertaken since then and proposes 3 scenarios and potential plans to be considered as part of a Service Continuity Plan of which there is one preferred plan.</p>
<b>Strategic Priorities</b>	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input checked="" type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population <input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If the local health and social care economy does not reduce the <b>Fit To Transfer (FTT)</b> waiting list from its current unacceptable levels then patients may suffer serious harm <input checked="" type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the

	<p>best services to patients</p> <p><input type="checkbox"/> If we are unable to resolve our structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p><b>Care Quality Commission (CQC) Domains</b></p>	<p><input checked="" type="checkbox"/> Safe</p> <p><input checked="" type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input checked="" type="checkbox"/> <b>Receive</b>    <input checked="" type="checkbox"/> <b>Review</b></p> <p><input type="checkbox"/> <b>Note</b>        <input checked="" type="checkbox"/> <b>Approve</b></p>	<p><b>Recommendation</b></p> <p>The Trust Board is asked to RECEIVE and REVIEW the 3 considered potential plans for service continuity which were agreed following the stakeholder workshops and to APPROVE Plan A as the only viable plan at this stage.</p>

# Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services update

*March 2016*

## 1. Background Summary

The work to develop the medium and long term vision for health services in the county continues through the NHS Future Fit programme, with public consultation due later in 2016/17 ahead of a decision on the future shape of the county's hospital services in Spring 2017.

In the meantime, the challenges that prompted the initiation of this work remain, particularly in our emergency departments, and the scenarios available to The Shrewsbury and Telford Hospital NHS Trust if a tipping point was reached prior to resolution on NHS Future Fit are reducing.

Attention by the Trust and the wider health system remains firmly on preventing tipping points being reached. However, given the ongoing challenges, the Trust published a discussion document "Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services" in December 2015 to encourage discussion and response by communities and partner organisations.

A stakeholder workshop also took place on 15 December 2015. The slide pack from that event, along with an update published following the workshop, are available from the Trust website at [www.sath.nhs.uk/bcp](http://www.sath.nhs.uk/bcp)

The Trust has received over 50 letters and emails in response to the discussion document. The main issues included: concern about the potential impact on patients & communities; the importance of effective publicity if changes were implemented; the impact on other care pathways; the importance of not pre-empting the work under way through NHS Future Fit; and, recommendations for sustaining services and preventing tipping points from being reached.

A further stakeholder workshop took place on 22 February 2016 and the summary presentation slides are also available from the Trust website.

## 2. Current Status

Our preferred option for sustaining the safety of services remains through a planned programme of service change to deliver the agreed outcomes of the NHS Future Fit review.

If a tipping point was reached after *agreement* on the NHS Future Fit vision but ahead of *implementation* then our business continuity plan will be based on early or accelerated implementation of the agreed NHS Future Fit vision.

However, if a tipping point was reached before *agreement* on the NHS Future Fit review then interim changes would be required.

The work through the 2 stakeholder workshops has reiterated our interim view that there are no simple solutions if a tipping point was reached.

Overarching concerns to enacting the business continuity relates to the current challenge across a number of specialities relating to the recruitment of medical staff, predominantly middle grades and consultants. This is particularly relevant within surgery, ENT and paediatrics.

The first stakeholder workshops focused on summarising the challenges facing emergency care, discussing and agreeing the 'tipping point' and agreeing options to be explored further in support of service continuity.

The scenarios discussed were:

- Mutual aid;
- Accelerate the implementation of Future Fit;
- Close RSH or PRH Emergency Department [ED] overnight.

Following this workshop the comments, suggestions, ideas and issues raised were collated, with the specialties who would be most impacted on by the closure of PRH ED overnight asked to scope the impact on service delivery and to construct mitigation plans.

The latter was the focus of the second workshop with an agreement at the end of this that there was not a service continuity plan which could be implemented within 3 months and therefore mutual aid was the only option and needed to be explored at speed.

We are therefore proposing the following scenarios:

- Plan A: Seek mutual aid with Trusts across the region to maintain adequate staffing levels to sustain two 24-hour A&E services.
  - Our delivery confidence is high that we could put in place mutual aid to sustain services for a further three to six months which would enable further business continuity plans to be agreed and implemented (Plan C, below).
- Plan B: Sustain services until agreement is reached on the NHS Future Fit and agree accelerated implementation of the agreed vision.
  - Our delivery confidence is medium, and this is contingent on achieving or exceeding the current NHS Future Fit review timetable (with a decision in Spring 2017 following public consultation).
  - Following implementation of Plan A we would review our confidence in sustaining services until the NHS Future Fit decision.
- Plan C: Maintain focus on recruitment whilst developing a detailed plan to implement overnight closure of PRH Emergency Department within 3 to 6 months.
  - Our delivery confidence is low.
  - Overnight closure of RSH has been ruled out as a short term business continuity plan due to the vital clinical interdependencies with acute & emergency surgery and trauma unit status.
  - A framework plan is in place, and the detailed business continuity plan would be developed at the time of implementation of mutual aid, and would be based on the context and conditions at the time.
  - The main Business Continuity Pathway [BCP] work focuses on the need to redesign (a) ENT (b) Stroke (c) Paediatrics and (d) Obstetrics & Gynaecology pathways, which would be impacted upon by the closure of PRH ED overnight.
  - All of the pathways would require a considerable amount of development to ensure they could be implemented safely and this would potentially result in significant investment, both financial and workforce.

### 3. Quality Impact Assessment

A quality impact assessment for Plan C is under development, building on the discussions at the stakeholder workshops in December 2015 and February 2016, and on the development of BCP pathways by our Care Groups.

An update on current progress was presented to the Quality and Safety Committee on 24 March 2016 and a Level 1 Quality Impact Assessment will be presented to the Committee in April.

#### 4. Communications Plan

An outline communications plan has been developed:

- Plan A: 24 hour services are sustained using mutual aid. Communications activity will focus on continued stakeholder engagement to develop the detailed plan to implement overnight closure of PRH Emergency Department should it be required (Plan C).
- Plan B: The primary communications and engagement activity is delivered through the NHS Future Fit programme, with this programme of work accelerated as necessary.
- Plan C: The main communications activities under consideration include:
  - Pathway development with Ambulance Services, NHS 111, Shropdoc / Care Co-ordination Centre and other referral routes to ensure that patients are directed to appropriate services.
  - Widespread digital and social media campaign to (a) raise awareness of the alternatives to A&E and (b) raise awareness of forthcoming changes.
  - Targeted mailing and advertising to communities with higher walk-in use of A&E departments (including frequent attenders, migrant communities etc.)
  - Newspaper and radio editorial and advertising to provide information about the changes.
  - Information and education campaign to patients using PRH ahead of implementation of the business continuity plan.
  - Information and support materials for local stakeholders (e.g. local authorities, community & voluntary organisations, local Healthwatch, schools, businesses, primary care services).
  - Communications review group with local stakeholders to ensure that communications materials and approach maximises effectiveness and reach.
  - Consider mobile digital signage on approach roads.

#### 5. Conclusion

Following the recent stakeholder workshops, detailed discussions and exploration of the current pathways, it has become clear that a number of the scenarios would be both challenging and require considerable re-organisation and investment to implement. Additionally, these proposed scenarios make a number of assumptions, including the successful recruitment both of skilled nurses and middle grade doctors in these specialties.

It has become apparent during these in-depth discussions and consideration of the revised pathway, the only real viable scenario is **Plan A**: to seek mutual aid from a neighbouring organisation to sustain two 24-hour emergency departments. This would require minimal investment and cause the least disruption to both patients and the service delivery of a number of specialties, whilst ensuring we continue to provide a safe, effective and dignified urgent and emergency care service for Shropshire & Telford residents.